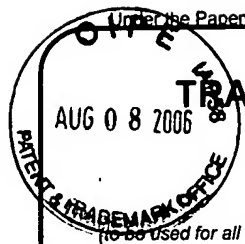


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/805,921
Filing Date	March 22, 2004
First Named Inventor	Zhang
Art Unit	3738
Examiner Name	Matthews, William H.
Attorney Docket Number	2677 US
Total Number of Pages in This Submission	5

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Card
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Alcon Research, Ltd.		
Signature			
Printed name	Jeffrey S. Schira		
Date	August 3, 2006	Reg. No.	34,922

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Tracy Humphreys	Date	August 3, 2006

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IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

In re Application of:

Xiaoxiao Zhang

Serial No.: 10/805,921

Filed: March 22, 2004

Art Unit: 3738

Examiner: Matthews, William H.

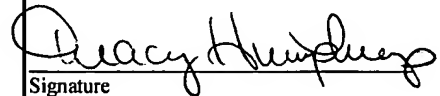
For: "Accommodative Intraocular Lens System"

CERTIFICATE OF MAILING

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August 3, 2006
Attorney Docket No. 2677

Mailstop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

Kindly amend the application as shown.

In the claims

Kindly cancel claims 12-14 without prejudice.